SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayrield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

> BΑ Ģ

	ate Stam		1313A	2
(Province)		₴	7)	ζ
067 17	eceived)		TOTAL BIS	
2012				120000

	Ą	Da	P
	8	ਲ	Permit #:
	5	••	₹
	÷		#
	음.		1
			Li l
		:	
	\forall	A	7
-			
	্য	3 - B	1
7	. 6	Q)	<u></u>
300	- ^		
018	.	` ≩_1	
3000			10%
Pul	_[YY.	/ **
1	J		256 256
3 Sec. 3		A. 1	
	10/19/12	Amount Paid:	Amount Paid: 10/0/19/12

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct						Municipal Use			☐ Commercial Use		wi	,	Residential Use				Pronosed Use	Proposed Construction:	Existing Structure: (if permit being applied for is relevant to it)			# 14,000 TOR	AND SECTION !	· ·		Value at Time of Completion * include donated time & material	☑ Non-Shoreland	- Bertago	☐ Shoreland —▶ Cre		section 36	SO14, SE	2	PROJECT	Authorized Agent: (Person Signing A	Contractor:	7045 RAVE	Address of Property:	Owner's Name:	DO NOT START CONSTRUCTION	INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.
ation (includin						>	Z							X	5 4	}	<	#	permit beir		Property	Run a Business on	Conversion Relocate (existing bldg)	Addition/Alteration	New Construction	Project (What are you applying for)		Property/	ek or Land	Property/	, Township	1/4	21 0000100		(Person Signing Application	AP	1	526	7 6	UNTIL ALL	l be issued u yfield Count
	Other: (explain)	Conditic	Special	700000	Accesso	Addition	Mobile	Bunkho						Desidence	Principa				g applied f			less on	disting bldg)	Iteration	ruction	t plying for)		to a second	ward side	Land withi	8.7	GovtLot)		TOSE		P.D	R 38 0	200	ERMITS HAN	ntil all fees a ry Zoning De
	explain)	Conditional Use: (explain)	Special Use: (explain)_	9	Accessory Building (specify) Accessory Building Addition/Alteration (specify)	=	Mobile Home (manufactured date)	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters,	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch	with Loft					or is relevant to		☐ Foundation		X 2-Story Basement	- I-Story +	1-Story	# of Stories and/or basement	S	If yescontinue	s 1000 fact of l	☐ Is Property/Land within 300 feet of River, Stream Fronk or Landward side of Floodolain? If yes	N, Range Ob	Lott Lotts		av Statement)	TOSBAZES)			\frac{\}{}	LAND USE STORY	VE BEEN ISSUED TO	are paid.
		ain)			(specity) _	(specify)	ctured date	ary, or	ched Gara	Deck	웃	Porch	Ç.	idital 8 at	rst structu		P				ion	ment	a	101.	+	ies ement	water and the	If yes-	aka Band	ver, Strear	¥	S	- 1	PIN: (23 digits)	715-205	7 (5-2)	A	City/State/Zip:	Mailing Address:	SUED TO APPLICAN	
			110000	1.7	teration (spec	- 11	WIN Took	sleeping quarte	ge		***************************************			act, con	cture on propert		Proposed Structure		Length:			and the same of th		Y Teal Nound	Seasonal	Use		continue	or Flowers -	n (incl. Intermittent)	BAC	VOI & Fag	(- CO) -	digits)	715-209-1968	715-209-6968	ASIKAWW	(2)			
					oifv)		۶	일	- American						(Y)		ture	X				□ None	 	X	2 5 2	# bedrooms		<u> </u>	Distance Structure) Distance Structure	THE DAKE		90-8t-C		70245 RANGE	1	1	RAUG E	. 199	HOW BO I FILL OUT THIS AP	The second second
			100000000000000000000000000000000000000	and the same of th		The state of the s	W 4	cooking & food prep facilities)	- statistic						and the second		\$35 235 235 235 235 235 235 235 235 235 2	Width:	Width:	None		☐ Portable	□ Privy (Pit)		(New]						o. Dioca(s) No.	S SON	403-1000	7 3 P	den (includ	845	MSHCAND	City/State/Zip:	Al LISE	- Can
			Manager of the state of the sta				ļ	facilities)										7			Compost Toilet	ž	Privy (Pit) or	/ Evil	(New) Sanitary	Sewery Is on			is from Shoreline	is from Shoreline fe					RANGE	City/State	90	AZ	1	SPECIAL IIS	
	<u> </u>	(- 22	1-) [1	(1	Din				Ť	/service contract)	<u>ا ا ا</u>		V Specify Type:	What Type of Sewer/Sanitary System is on the property?		feet		ģ ·) Size	Subdivision	Volume	Recorded Do	RD	710).			120	11SE]	
	×		×)		×	×	× ×	< ×	×	×	×	×	x)	×	× >	×	Dimensions	Height:	Height:			ract)	Vaulted (min 200 gallon)	Time	Type:	of System erty?		□ No	Pes □ Yes	Is Property in		2	-	cument: (i.e. F	Attached	Write	D		Tele	BOA [
							Zi.	- Linear Control								FOOLAGE	Square	The state of the s							₩ell	Water		□No		Are Wetlands	40 AC		Page(s)	rded Document: (i.e. Property Ownership)	hed No	Written Authorization	Di mher Dhone:	Cell Phone:	5	HOW DO I FILL OUT THIS APPLICATION (VISIT OUT WEDSILG WWW.Jasyiiciac.com; 1908). Authority on E. COMPTITION AT THE STREET OF THE	and the second s

Authorized Agent: (If you are signing on behalf e owner(s) a letter npany this application)

RANG

え 0

ASHCAPUD

Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Regulation semplemine 70245

Changes in plans must be approved by the Planning & Zoning Dept.

	(8) Setbacks: (measured to the closest point)	est point)					
	Description	Measurement	înt .		Description	Measurement	
		1					
	Setback from the Centerline of Platted Road	Z	Feet		Setback from the Lake (ordinary high-water mark)	*	Feet
	Setback from the Established Right-of-Way	. 7	Feet		Setback from the River, Stream, Creek	3	Feet
					Setback from the Bank or Bluff		Feet
	Setback from the North Lot Line	ころら	Feet				
	Setback from the South Lot Line	200 200	Feet		Setback from Wetland		Feet
	Setback from the West Lot Line	253	Feet		Setback from 20% Slope Area	N/A-	Feet
	Setback from the East Lot Line	491	Feet		Elevation of Floodplain	*	Feet
		r					
	Setback to Septic Tank or Holding Tank		Feet		Setback to Well		Feet
	Setback to Drain Field		Feet		The second secon		
**:	Setback to Privy (Portable, Composting)		Feet				
	Director the phonoment or construction of a structure within ten (10) feet of	the minimum required	t dackter th	e hou	Discrept the algebraic of construction of a structure within ton (10) feet of the minimum required sethack the houndary line from which the sethack must be measured must be visible from one previously surveyed corner to the	e previously suppeyed comer	tothe

Prior to the placement or construction of a structure within ten (10) feet of the minimum required other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the propomarked by a licensed surveyor at the owner's expense. must be measured must be visible from used site of the structure, or must be

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: 3(1)	# of bedrooms:	Sanitary Date:	
Permit Denied (Date):	Reason for Denial:			
Permit #: 12 -0433	Permit Date: 10-29-10			
Is Parcel a Sub-Standard Lot	bus Lot(s)) KNo Mitigation Required Mo Mitigation Attached	□ Yes XNo	Affidavit Required 口 Yes 太No Affidavit Attached 口 Yes 取心	Z X
Granted by Variance (B.O.A.) Case #:	Previously Gra	Previously Granted by Variance (B.O.A.) □ Yes KNo Case #	**	
Was Parcel Legally Created X ves □ No Was Proposed Building Site Delineated X ves □ No	Were Prope	Were Property Lines Represented by Owner Was Property Surveyed	□Yes	NO NO
Inspection Record JOROSAD SAWGUINT NITHENATURAL AND MOTOR AT REPRESENTED BY CONSIDERATION AT REPRESENTED BY CONSIDERATION AND MADE ACT.	Ated/Atothod As Abanes	न्म्याय के व्यक्त	Zoning District (F.1)	
Date of Inspection: や_25イル	Inspected by: MC_		Date of Re-Inspection.	
Condition(s):Town; Committee or Board Conditions Attached? ☐ Yes ☐ No –(If No they need to be attached.)	hed? □ Yes □ No -{If <u>No</u> they need to I	oe attached.)		
Signature of Inspector:			Date of Approval:	
Hold For Sanitary:	Hold For Affidavit:	Hold For Fees:		